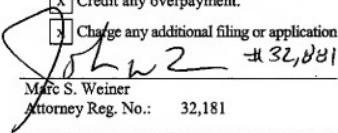


AMENDMENT TRANSMITTAL LETTER				Docket No. 3273-0226PUS1	
Application No. 10/582,000-Conf. #9234	Filing Date June 7, 2006	Examiner L.J. Heincer		Art Unit 1796	
Applicant(s): Shinichi INOUE et al.					
Invention: RUBBER-LIKE ARTICLES AND RUBBER-LIKE MATERIAL-CONTAINING ARTICLES					
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
Total Claims	Claims Remaining After	Highest Number Previously	Number Extra Claims	Rate	
Total Claims	16	- 20 =	0	x 50.00	0.00
Independent Claims	4	- 3 =	1	x 210.00	210.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					370.00
Other fee (please specify): Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					700.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>700.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  <u>John S. Weiner</u> -#32,881					
Dated: <u>JUL 11 2008</u>					
Marc S. Weiner Attorney Reg. No.: <u>32,181</u>					
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1996, no person is required to respond to a collection of information unless it displays a valid CMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/582,000-Conf. #9234
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 7, 2006
TOTAL AMOUNT OF PAYMENT	(\$ 700.00)	First Named Inventor	Shinichi INOUE
		Examiner Name	L.J. Heincer
		Art Unit	1796
		Attorney Docket No.	3273-0226PUS1

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:		02-2448
Deposit Account Name: Birch, Stewart, Kolisch & Birch, LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
210	105

Each independent claim over 3 (including Reissues)

370	185
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Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
16	- 20 = 0	x 50.00	= 0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)
			370.00	370.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

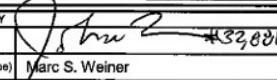
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

SUBMITTED BY		Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)	Marc S. Weiner	Date	11/11/2008		